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EXHIBIT A

01-05-2004 12:34 PM

Green Mountain Agency, Inc.
P.O. Box 828
Rutland, VT 05702
(800) 451-4279

December 29, 2003

ATLANTIC CASUALTY INS CO
C/O STRICKLAND INS GROUP
PO BOX 8010
GOLDSBORO NC 27533

Named insured: FORTHRIGHT CONSTRUCTION
Agent/Broker Name: BR VITAL BROKERAGE INC
Policy Number: L036000522
Line of Business: Prop/CGL Programs
Policy Period: from 11-24-03 to 11-24-04

FOR YOUR RECORDS, ENCLOSED PLEASE FIND THE POLICY FOR THE ABOVE
CAPTIONED INSURED.

WE ARE ATTACHING THE FOLLOWING:

(X) RATING WORKSHEET	(X) APPLICATION
(X) SUPPLEMENTAL APPLICATION: GL, CONTRACTORS	
(X) INSPECTION ORDERED	() INSPECTION ATTACHED
() MVRs ORDERED	() MVRs ATTACHED
() UM SELECTION FORM	() LOSS RUNS ORDERED
(X) LOSS RUNS ATTACHED	
() SCHEDULE RATING WORKSHEET	
(X) OTHER: TRIA REJECTION	

Sincerely,

DEB BARNES, EXT. 28
SCP

Policy Number L036000522

Item 1. Named Insured and Mailing Address:

2240 MCDONALD AVE.
BROOKLYN NY 11223

Item 2. Policy Period	From: 11/24/2003	To: 11/24/2004	Term 366	Day(s)
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Item 3. Business Description:

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Coverage Part(s)	Form No and Edition Date	Premium
Commercial General Liability Coverage Part		\$ 2,603.00
Property Coverage Part		\$
Inland Marine Coverage Part		\$
Terrorism Coverage		\$
	Subtotal	\$ 2,603.00
	SLT	\$ 93.71
		\$
		\$
		\$
		\$
	Total	\$ 2,696.71

Item 4. Forms and endorsements applicable to all Coverage Parts:

See Schedule of Forms and Endorsements

Agent No.: 036
General Agent: Green Mountain Agency Inc
Address: P.O. Box 828
Rutland

THIS INSURANCE POLICY IS WRITTEN BY AN INSURER (INSURERS)
NOT LICENSED IN THE STATE OF VERMONT, AND IS SUBJECT TO ITS
SUPPORTING DOCUMENTS, INCLUDING BUT NOT LIMITED TO, A POLICY OF INSOLVENCY
STATEMENT. VT 05702

Producer Code No.:

Producer Name: BR VITAL BROKERAGE, INC.

Producer Address: 75-01 15TH AVE.
BROOKLYN

NY 11228

Countersigned 12/29/2003 SCP/DAB
DATE

By _____
COUNTERSIGNATURE

THIS COMMON POLICY DECLARATIONS AND THE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE ABOVE NUMBER POLICY.

IN WITNESS WHEREOF, this Company has caused the Policy to be signed by its President and its Secretary and countersigned by a duly authorized representative.

William H. Reynolds
President

Marianna D. Tillman
Secretary

01-05-2004 12:34 PM

-----[SIMPLIFIED LIABILITY POLICY WIDE INFO]-----

Form : Occurrence Year :
 Occurrence Limit: 1,000 General Aggregate: 2,000
 Deductible : 500 /PD Product Aggregate: 1,000

Factor	Exclusion	"Take out"	Endorsements	Prem/OP	Prods
1.000	CG 21 04	Products/Completed Operations		NO	NO
1.000	CG 21 38	Personal & Advertising Injury		NO	NO
1.000	CG 21 40	Advertising Injury		NO	NO
1.000	CG 21 35	Medical Payments		NO	NO
1.000	CG 21 45	Fire Damage Legal Liability		NO	NO
1.000	CG 21 39	Contractual Liability Limitation		NO	NO
1.000	CG 21 36	Coverage for New Entities		NO	NO
1.000	CG 21 37	Employees as Insureds		NO	NO

Factor	Endorsement Description	Experience Modifier	Schedule Credit	Premium Discount
1.000		1.000		NO
1.000				

-----[SIMPLIFIED LIABILITY SUMMARY]-----

By : Green Mountain Agency, Inc.
 PO Box 828

Date: 11/24/03

Rutland, VT 05702-0828
 802-775-5579

For: FORTHRIGHT CONSTRUCTION, INC.

NY -

Estimated with ATLANTIC CASUAL

Total Premises/Operation:	2,290
Total Products :	313
Additional Endorsements :	0
Additional Endorsements :	0

TOTAL SIMPLIFIED LIABILITY PREMIUM : 2,603

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ACORD COMMERCIAL INSURANCE APPLICATION									
APPLICANT INFORMATION SECTION									
PRODUCER <u>WFLA Inc</u> <u>718-236-5203</u> FAX <u>718-236-5217</u>				CARRIER <u>WFLA Inc</u> WFLA CODE <u>Atlantic Casualty Ins Co</u> UNDERWRITER <u>POLENS OR PROGRAM REQUESTED</u>		DATE <u>11/21/03</u>		OF 01 <u>02</u>	
MR Vital Brokerage, Inc. 7501 18th Avenue Brooklyn NY 11228				REGULATE SECTIONS ATTACHED <input type="checkbox"/> PROPERTY <input type="checkbox"/> GLASS AND BOX <input type="checkbox"/> ACCOUNTS RECEIVABLE <input type="checkbox"/> VALUABLE PAPERS <input type="checkbox"/> ORANGE/COLLANDER IN ORANGE <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> MOTOR VEHICLE		INSURMENT FLOATER <input type="checkbox"/> INSTALLATION/BLDING WORK <input checked="" type="checkbox"/> ELECTRONIC DATA PROC <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> TRUCK/TRACTOR CARRIER		SARAGE AND DEALERS <input type="checkbox"/> VEHICLE SCHEDULE <input type="checkbox"/> BODILY & MACHINERY <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> UNINSURED	
DATE <u>11/21/03</u> BY CODE <u>11/21/03</u> AGENCY CUSTOMER ID <u>11/21/03</u>				STATUS OF SUBMISSION <u>11/21/03</u> PACKAGE POLICY INFORMATION					
<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY BRAND (Name Line Label Attach Only) <u>11/21/03</u>				ENTER THIS INFORMATION WHEN COMPLETION DATE AND TERMS APPLY TO SEVERAL LINES OR FOR NONLINE POLICIES PROPOSED EXP DATE <u>11/21/03</u> PROPOSED EXP DATE <u>11/21/04</u>		BILLING PLAN <u>DIRECT BILL</u> PAYMENT PLAN <u>AGENCY BILL</u>		DATE <u>11/21/03</u>	
APPLICANT INFORMATION NAME (Print Name of Insured & Other Named Insureds) <u>Forwright Construction Inc</u> FOR OR FOR BUREAU <u>2240 McDonald Avenue</u> <u>Brooklyn NY 11223</u>									
INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBSIDIARY OF CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/>				ACCOUNT (Name of Record Contact) <u>11/21/03</u> ACCOUNT (Name of Record Contact) <u>11/21/03</u>					
PREMISES INFORMATION LOC <u>11/21/03</u> BLDR <u>11/21/03</u> STREET, CITY, COUNTY, STATE, ZIP <u>11/21/03</u> CITY LIMITS <u>11/21/03</u> INTEREST <u>11/21/03</u> YR BUILT <u>11/21/03</u> PART OCCUPIED <u>11/21/03</u>									
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S) <u>Construction</u>									
GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES <u>11/21/03</u> EXPLAIN ALL "YES" RESPONSES <u>11/21/03</u>									
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THEREIN, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY) SUBSTANTIAL CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)									

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PRIOR CARRIER INFORMATION

PORTER-1

LINE	CATEGORY	NOTE
GENERAL LIABILITY	CARRIER	
	POLICY NUMBER	
	POLICY TYPE	
	RETRO DATE	
	EFF-EXP DATE	
	GENERAL AGGREGATE	
	PRODUCTS COMB OF AGGREGATE	
	PERSONAL & ADV BI	
	EACH OCCURRENCE	
	FIRE DAMAGE	
	MEDICAL EXPENSE	
	BODILY OCCURRENCE	
	INJURY AGGREGATE	
	PROPERTY OCCURRENCE	
	DAMAGE AGGREGATE	
COMBINED SINGLE LIMIT		
MODIFICATION FACTOR		
TOTAL PREMIUM		
AUTOMOBILITY	CARRIER	
	POLICY NUMBER	
	POLICY TYPE	
	EFF-EXP DATE	
	COMBINED SINGLE LIMIT	
	BODILY EA PERSON	
	INJURY EA ACCIDENT	
	PROPERTY DAMAGE	
	MODIFICATION FACTOR	
	TOTAL PREMIUM	
BOAT/RECREATION	CARRIER	
	POLICY NUMBER	
	POLICY TYPE	
	EFF-EXP DATE	
	BUILDING AMT	
	PERSONAL PROP AMT	
	MODIFICATION FACTOR	
TOTAL PREMIUM		
FIDELITY	CARRIER	
	POLICY NUMBER	
	POLICY TYPE	
	EFF-EXP DATE	
	LIMIT	
	MODIFICATION FACTOR	
TOTAL PREMIUM		

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES REGARDLESS OF FACT AND WHETHER OR NOT INSURED ON OCCURRENCE THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (5 YEARS IN KS & NY)							<input checked="" type="checkbox"/> OR HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS		
						OPEN		
						CLOSED		
						OPEN		
						CLOSED		

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ACORD 126 (7/88)

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ACORD COMMERCIAL GENERAL LIABILITY SECTION										DATE (MM/DD/YY) 11/21/03	
PRODUCER PHONE: 718-236-5201 AC No. Est: AC No. Est:				APPLICANT First Insured (Required): Forthright Construction Inc						OP ID 28	
RR Vital Brokerage, Inc. 7501 15th Avenue Brooklyn NY 11228				EFFECTIVE DATE 11/21/03		EXPIRATION DATE 11/22/04		DIRECT BILL <input type="checkbox"/>		PAYMENT PLAN <input type="checkbox"/>	
CODES SUB CODE:				FOR COMPANY USE ONLY 24 24		AGENCY BILL <input type="checkbox"/>		AUDIT <input type="checkbox"/>		ALERT <input type="checkbox"/>	
COVERAGE <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNERS & CONTRACTORS PROTECTIVE											
DEDUCTIBLES <input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 500 <input type="checkbox"/> BODILY INJURY \$ <input type="checkbox"/>				LIMITS GENERAL AGGREGATE \$ 2,000,000 PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 1,000,000 PERSONAL & ADVERTISING INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MEDICAL EXPENSE (Any one person) \$ 5,000 EMPLOYEE BENEFITS \$				PREMIUMS PREMIUMS/OPERATIONS PRODUCTS OTHER TOTAL			
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For information - does not affect the Business Auto Section, ACORD 127)											
SCHEDULE OF HAZARDS											
LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERM	RATE		PREMIUM				
					PREMIUMS	PRODUCTS	PREMIUMS	PRODUCTS			
1	Dry Wall/ Wallboard Installation	92338	P) \$10,000	001	65.14	6.02					
1	Carpentry, Resol	91340	P) \$10,000	001	116.94	11.27					
1	Subcontractor cost	91583	C) \$7,000	001	.52	3.77					
RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000 SALES (N) AREA - PER 1,000 SQ FT (M) ADVERTISEMENTS - PER 1,000 ADMS (T) OTHER (P) PAYROLL - PER \$1,000 PAY (C) TOTAL COST - PER \$1,000 COST (U) UNIT - PER UNIT											
CLAIMS MADE (Explain all "Yes" responses) 1. PROPOSED RETROACTIVE DATE: 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV: 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? YES NO 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? YES NO						EMPLOYEE BENEFITS 1. DEDUCTIBLE PER CLAIM \$ 2. NUMBER OF EMPLOYEES 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: 4. RETROACTIVE DATE:					
REMARKS						REMARKS					

ACORD 128-5 (1/87)

PLEASE COMPLETE REVERSE SIDE

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EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS?			<input checked="" type="checkbox"/>	4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			<input checked="" type="checkbox"/>
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?			<input checked="" type="checkbox"/>	5. ARE SUBCONTRACTORS ALLOWED TO WORK W/O CERT OF INST?			<input checked="" type="checkbox"/>
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?			<input checked="" type="checkbox"/>	6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			<input checked="" type="checkbox"/>
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED		7000		SUBCONTRACTOR		TIME STAFF: 1	
Painting							
PRODUCTS/COMPLETED OPERATIONS							
PRODUCTS	ANNUAL GROSS SALES	\$ OF UNITS	TIME (H MONTH)	DISPOSED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				8. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				9. VENDORS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?			
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACORD 44 for additional names)							
INTEREST	RANK	NAME AND ADDRESS	REFERENCE #	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER		
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:	
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:	
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:		
<input type="checkbox"/> LIENHOLDER					OTHER:		
<input type="checkbox"/> EMPLOYEE AS LESSOR							
ITEM DESCRIPTION:							
GENERAL INFORMATION							
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?			<input checked="" type="checkbox"/>	12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			<input checked="" type="checkbox"/>
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			<input checked="" type="checkbox"/>	13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			<input checked="" type="checkbox"/>
3. DO HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVED IN STORING, TREATING, DISPOSING, APPLYING, DISPOSING OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfill, seepage, fuel tanks, etc)			<input checked="" type="checkbox"/>	14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			<input checked="" type="checkbox"/>
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?			<input checked="" type="checkbox"/>	15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			<input checked="" type="checkbox"/>
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?			<input checked="" type="checkbox"/>	16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			<input checked="" type="checkbox"/>
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			<input checked="" type="checkbox"/>	17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			<input checked="" type="checkbox"/>
7. ANY PARKING FACILITIES OWNED/CONTROLLED?			<input checked="" type="checkbox"/>	18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			<input checked="" type="checkbox"/>
8. IS A FEE CHARGED FOR PARKING?			<input checked="" type="checkbox"/>	19. IS THERE A FORMAL WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			<input checked="" type="checkbox"/>
9. RECREATION FACILITIES PROVIDED?			<input checked="" type="checkbox"/>	20. DOES THE BUSINESS PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			<input checked="" type="checkbox"/>
10. IS THERE A SWIMMING POOL ON THE PREMISES?			<input checked="" type="checkbox"/>				
11. SPORTING OR SOCIAL EVENTS SPONSORED?			<input checked="" type="checkbox"/>				
REMARKS							

ACORD 126-8 (1/87)

ATTACH TO APPLICANT INFORMATION SECTION

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CONTRACTOR SUPPLEMENTAL QUESTIONNAIREComplete for All Construction Related Contractors

AND Including all: Graders / Landscapers / Cable or Communication Equipment Installers / Drilling risks / Dredgers / Engineers or Architects / Handymen / Irrigation or Drainage Systems risks

Applicant Forthright Construction, Inc.

Assigned Policy Number (if applicable): _____

1. Contractor's License Number _____ 2. Circle License(s) held: A, B, C _____ (enter C #'s)

2. How many years has this specific business entity operated under current name? 1

3. Previous business name (if any) operated by this entity's principal(s)? _____

4. How many total years experience in this type contracting business does current management have? 575. What percent of your receipts are derived from your work as a:
General Contractor _____%, Artisan or Subcontractor 100%6. What percent of your work is: Residential 100%, Commercial _____%7. What percent of your work is: New Construction 100%, Remodeling _____%,
Renovation / Redecorating _____%, Repair / Maintenance _____%8. Current number of: Employees (other than owners) _____, Owners/Partners/Officers 1
Of the total number of employees, how many: Full time _____, Part time _____9. During the past 5 years, have you or your subs performed any work over two stories? Yes No
If yes, describe: _____

10. Provide the following information: *exclude owner(s) / clerical / sales

Year	Employee Payroll*	Total Costs Subbed	Type Work Subbed	Total Receipts
Current Est.		<u>7,000</u>	<u>Painting</u>	<u>70,000</u>
1st Prior				
2nd Prior				
3rd Prior				

Answer questions 11 & 12 if you / your employees or subcontractors are involved in any of the following trades: Carpentry (all classifications), Concrete Construction, Excavation, Grading, Masonry, Metal Erection (all classifications), Roofing (including tear-off work), Underpinning.

11. During the past 5 years, have you ever been involved in the original structural construction or remodeling of any town houses, condominiums, row houses, or, tracts/developments of 15 or more unattached single family houses? Yes / No Do you anticipate getting into any of this type work? Yes / No12. During the past 5 years, have you constructed:
(a) footings or foundations? Yes / No (b) slab or monolithic floors? Yes / No
(c) chimneys? Yes / No (d) retaining walls? Yes / No
(e) underpinning or piers? Yes / No
(f) Do you anticipate getting into any of the above type work? Yes / No

Comments / Explanations: _____

Signature of Applicant: [Signature]

LIC C 07 CA 16981

Date: _____

Agent Copy

Form 1-100-10-0001-1-000-0100

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Forthright Construction Inc
2240 McDonald Avenue, 1st Floor
Brooklyn, NY 11223
Tel: (718)996-2300

November 24, 2003

To Whom It May Concern:

Please, be advised that there were no known losses since the day corporation opened.

If you have any questions, please, feel free to contact me

Sincerely yours,

Rinat Yanborisov, President





COMMON POLICY DECLARATIONS

Policy Number L036001127L036000522

Renewal of Number

Item 1. Named Insured and Mailing Address:

FORTHRIGHT CONSTRUCTION INC.

2240 MCDONALD AVENUE
BROOKLYN

NY 11223

Item 2. Policy Period From: 11/24/2004

To: 11/24/2005

Term 365

Day(s)

12:01 A. M. Standard Time at the address of the Named Insured as stated herein

Item 3. Business Description:

CONSTRUCTION

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Form No and Edition Date	Premium
Commercial General Liability Coverage Part		\$ 2,704.00
Property Coverage Part		\$
Inland Marine Coverage Part		\$
Terrorism Coverage Part		\$
Subtotal		\$ 2,704.00
SURPLUS LINES TAX		\$ 97.34
		\$
		\$
		\$
		\$
Total		\$ 2,801.34

Audit Period Annual unless otherwise stated:

Item 4. Forms and endorsements applicable to all Coverage Parts:

See Schedule of Forms and Endorsements

Agent No.: 036

General Agent: Green Mountain Agency Inc.

Address: P.O. Box 828
Rutland

VT 05702

Producer Code No.:

Producer Name: BR VITAL BROKERAGE INC

Producer Address: 75-01 15TH AVENUE

11/29/2004 08:00 PM

NY 11228

Countersigned 11/22/2004 RC/LT
DATE

By

COUNTERSIGNATURE

THIS COMMON POLICY DECLARATIONS AND THE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE ABOVE NUMBER POLICY.

IN WITNESS WHEREOF, this Company has caused the Policy to be signed by its President and its Secretary and countersigned by a duly authorized representative.

William S. Reynolds
President

Marianna S. Tillman
Secretary

SIMPLIFIED LIABILITY QUOTES

[SIMPLIFIED LIABILITY ESTIMATE]

FORTHRIGHT CONSTRUCTION, INC.							Date: 10/07/04
State : NY							
Location : 1 Page: 1 Company ATLANTIC CASUAL Uses ISO 12/97							Loss Cost
Subline	Ter	Description	Class	RskType	Basis	Exposures	
Prem\OP	1	DRY WALL OR WALLBOARD INSTALL	92338	C	Payroll	10000	
Product	1	DRY WALL OR WALLBOARD INSTALL	92338	C	Payroll	10000	
Prem\OP	1	CARPENTRY-CONST, RESD-NOT OV 3	91340	C	Payroll	10000	
Product	1	CARPENTRY-CONST, RESD-NOT OV 3	91340	C	Payroll	10000	

Old Exp Base	Basic Rate	Claims Mult	ILF	Limit ID	RMF	Final Rate	Trans Fct	Final Premium
	71.710	1.000	1.000	2	1.043	74.794	1.000	748
	6.630	1.000	1.000	B	1.043	6.915	1.000	69
	128.700	1.000	1.000	2	1.043	134.234	1.000	1,342
	12.410	1.000	1.000	B	1.043	12.944	1.000	129
								2,288

CoDev	Pack	Other1	Other2	Client	Exp/Sch	RMF
Line1 RMF: 1.000 x	1.000 x	1.000 x	1.000 x	1.043 x	1.000 =	1.043
Line2 RMF: 1.000 x	1.000 x	1.000 x	1.000 x	1.043 x	1.000 =	1.043
Line3 RMF: 1.000 x	1.000 x	1.000 x	1.000 x	1.043 x	1.000 =	1.043
Line4 RMF: 1.000 x	1.000 x	1.000 x	1.000 x	1.043 x	1.000 =	1.043

[SIMPLIFIED LIABILITY ESTIMATE]

FORTHRIGHT CONSTRUCTION, INC.							Date: 10/07/04
State : NY							
Location : 1 Page: 2 Company ATLANTIC CASUAL Uses ISO 12/97							Loss Cost
Subline	Ter	Description	Class	RskType	Basis	Exposures	
Prem\OP	1	CONTRACT-REPAIR-1 & 2 FAMILY	91583	C	TotCost	7000	
Product	1	CONTRACT-REPAIR-1 & 2 FAMILY	91583	C	TotCost	7000	

Old Exp Base	Basic Rate	Claims Mult	ILF	Limit ID	RMF	Final Rate	Trans Fct	Final Premium
	0.967	1.000	1.000	2	7.450	7.204	1.000	50
	7.012	1.000	1.000	B	7.450	52.239	1.000	366
11/29/2004 04:11 PM								416

CoDev	Pack	Other1	Other2	Client	Exp/Sch	RMF
Line1 RMF: 1.000 x	1.000 x	1.000 x	1.000 x	1.043 x	1.000 =	1.043
Line2 RMF: 1.000 x	1.000 x	1.000 x	1.000 x	1.043 x	1.000 =	1.043

-----[SIMPLIFIED LIABILITY POLICY WIDE INFO]-----

Form : Occurrence Year :
 Occurrence Limit: 1,000 General Aggregate: 2,000
 Deductible : 500 /PD Product Aggregate: 1,000

Factor	Exclusion	"Take out"	Endorsements	Prem/OP	Prods
1.000	CG 21 04	Products/Completed Operations		NO	NO
1.000	CG 21 38	Personal & Advertising Injury		NO	NO
1.000	CG 21 40	Advertising Injury		NO	NO
1.000	CG 21 35	Medical Payments		NO	NO
1.000	CG 21 45	Fire Damage Legal Liability		NO	NO
1.000	CG 21 39	Contractual Liability Limitation		NO	NO
1.000	CG 21 36	Coverage for New Entities		NO	NO
1.000	CG 21 37	Employees as Insureds		NO	NO

Factor	Endorsement Description	Experience Modifier	Schedule Credit	Premium Discount
1.000		1.000		NO
1.000				

-----[SIMPLIFIED LIABILITY SUMMARY]-----

By : Green Mountain Agency, Inc.
 PO Box 828

Date: 11/22/04

Rutland, VT 05702-0828
 802-775-5579

For: FORTHRIGHT CONSTRUCTION, INC.

NY -

Estimated with ATLANTIC CASUAL

Total Premises/Operation:	2,140
Total Products :	564
Additional Endorsements :	0
Additional Endorsements :	0

TOTAL SIMPLIFIED LIABILITY PREMIUM : 2,704

-----[COMMERCIAL PACKAGE ACCOUNT SUMMARY]-----

By : Green Mountain Agency, Inc.
PO Box 828

Date: 11/22/04

Rutland, VT 05702-0828

802-775-5579

For: FORTHRIGHT CONSTRUCTION, INC.

NY -

-----ACCOUNT PREMIUMS SUMMARY-----

Property	:	0	Crime Coverages	:	0
Simplified Property	:	0	Garage Liability	:	0
Liability	:	0	Glass	:	0
Simplified Liability	:	2,704	Simplified Glass	:	0
Business Auto	:	0	Equipment Breakdown	:	0
Workers Compensation	:	0	Miscellaneous	:	0

TOTAL ACCOUNT PREMIUM: 2,704

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0003

FROM : 11/17/2004 12:57 FAX 7182365217

FRX NO. :

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0004/010

PRIOR CARRIER INFORMATION

FORM-1

LINE	CARRIER	SCORE										
CARRIER	Atlantic Casual											
POLICY NUMBER	1036000522											
POLICY TYPE												
RETRO DATE												
OFF-SP DATE	11/24/03	11/24/03										
GENERAL AGGREGATE	2,000,000											
PROPERTY DAMAGE												
PERSONAL AUTO INJ												
BODILY DAMAGE	1,000,000											
PROPERTY DAMAGE												
MODIFICATION FACTOR												
TOTAL PREMIUM												
CARRIER												
POLICY NUMBER												
POLICY TYPE												
OFF-SP DATE												
GENERAL AGGREGATE												
PROPERTY DAMAGE												
PERSONAL AUTO INJ												
BODILY DAMAGE												
PROPERTY DAMAGE												
MODIFICATION FACTOR												
TOTAL PREMIUM												
CARRIER												
POLICY NUMBER												
POLICY TYPE												
OFF-SP DATE												
GENERAL AGGREGATE												
PROPERTY DAMAGE												
PERSONAL AUTO INJ												
BODILY DAMAGE												
PROPERTY DAMAGE												
MODIFICATION FACTOR												
TOTAL PREMIUM												
CARRIER												
POLICY NUMBER												
POLICY TYPE												
OFF-SP DATE												
GENERAL AGGREGATE												
PROPERTY DAMAGE												
PERSONAL AUTO INJ												
BODILY DAMAGE												
PROPERTY DAMAGE												
MODIFICATION FACTOR												
TOTAL PREMIUM												

LOSS HISTORY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
11/29/2004 04:11 PM						OPEN
						CLOSED
						PAID

REMARKS: NOTE: POLICY NUMBER & FOUR YEAR LOSS HISTORY

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND SENSITIVE INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR THE ANNUAL REPORT ON HOW TO SUBMIT A REQUEST TO US.

ACCORD 136 (7/02)

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FROM : 11/17/2004 12:56 FAX 7182365217

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ACORD COMMERCIAL GENERAL LIABILITY SECTION									
PRODUCER Name: 718-236-5201 AC, NE, OR		APPLICANT Firm Portright Construction Inc		DATE (MM/DD/YY) OF D OR 11/19/04					
BR Vital Brokerage, Inc. 7801 18th Avenue Brooklyn NY 11228		EFFECTIVE DATE 11/24/04		EXPIRATION DATE 11/24/05		DIRECT BILL X		ADDITIONAL BILL	
CODE		SIC CODE		FOR COMPANY USE ONLY					
CLASSIFICATION F0000-1									
COVERAGES		LIMITS							
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE \$2,000,000							
<input type="checkbox"/> CLASS AIDE		<input checked="" type="checkbox"/> OCCUPANCE							
<input type="checkbox"/> CHIMNEY & CONTRIBUTORS PROTECTIVE		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$1,000,000							
		PERSONAL & ADVERTISING AGGREGATE \$1,000,000							
		CASH SETTLEMENT \$1,000,000							
		PURE DAMAGE (any one try) \$50,000							
		MEDICAL EXPENSE (any one person) \$5,000							
		EMPLOYEE BENEFITS \$							
DEDUCTIBLES		PRODUCTS							
<input type="checkbox"/> PROPERTY DAMAGE \$									
<input type="checkbox"/> BODILY INJURY \$									
<input type="checkbox"/> \$									
OTHER COVERAGES, RESTRICTIONS, MAJOR EXCLUSIONS (per Section 1000 of the Insurance Code, ACORD 101)		TOTAL							
SCHEDULE OF HAZARDS									
LOCATION	CLASSIFICATION	BLANK CODE	PREMIUM RATE	TOTAL	DATE		PREMIUM		
					PERIOD	PRODUCT	PERIOD	PRODUCT	
2	any wall/ wallboard installation		\$10,000						
1	Voluntary Cleanup		\$10,000						
2	subcontractors work		\$7,000						
RATINGS AND PREMIUM RATES									
(1) OFFICE RATES - PER \$1,000,000		(3) AGG - PER \$1,000,000		(5) ADMISSIONS - PER 1,000,000		(7) OTHER			
(2) PAYROLL - PER \$1,000,000		(4) TOTAL COST - PER \$1,000,000		(6) UNIT - PER GALT					
CLAIMS RECORD (Include all "loss" responses)									
1. PROPOSED RETROACTIVE DATE									
2. ENTRY DATE INTO UNTERWRITTEN CLAIMS BASE COV.									
3. HAS ANY PRODUCT, WORK, AGENCY, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?									
4. HAS THE COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?									
EMPLOYEE BENEFITS									
1. INDUSTRY PER CLAIM									
2. NUMBER OF EMPLOYEES									
3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS									
4. RETROACTIVE DATE									
REGULATIONS									
REMARKS									
ACORD 1006 (1/97)									
PLEASE COMPLETE REVERSE SIDE									
ACORD CORPORATION 1997									

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FROM :

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CONTRACTORS		FOOTING-1				
EXPLAIN ALL "YES" RESPONSES (For any part of product or process operations)	YES NO	EXPLAIN ALL "YES" RESPONSES (For any part of product or process operations)	YES NO			
1. DOES APPLICANT OWN PLANS, DESIGNS, OR SPECIFICATIONS?	X	4. DO YOUR SUBCONTRACTORS CARRY COVERAGE OR LICENSES?	X			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILITY OR TOWER EXPOSURE MATERIALS?	X	5. ARE SUBCONTRACTORS ALLOWED TO WORK WHO CERTIFY THEM?	X			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	X	6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?	X			
REMARKS: THE TYPE OF WORK SUBCONTRACTED: <u>CONSTRUCTION</u> <u>7000</u> (SEE ROAD) (SEE STAFF) (SEE STAFF)						
Following						
PRODUCTS/COMPLETED OPERATIONS						
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TYPE OF PRODUCT	EXTENDED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
EXPLAIN ALL "YES" RESPONSES (For any part of product or process operations)		YES NO	EXPLAIN ALL "YES" RESPONSES (For any part of product or process operations)		YES NO	
7. DOES APPLICANT INSTALL, SERVICE, OR DEMONSTRATE PRODUCTS?			8. PRODUCTS RECALLED, DISCONTINUED, OR DAMAGED?			
9. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?			10. PRODUCTS OF OTHERS SOLD OR REPACKAGED UNDER APPLICANT LABEL?			
11. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?			12. PRODUCTS UNDER LABEL OF OTHERS?			
13. GUARANTEE, WARRANTY, HOLD HARMLESS AGREEMENT?			14. VENDORS COVERAGE & CLAIMS?			
15. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?			16. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?			
PLEASE ATTACH UTILITY, BLDG, LABEL, LICENSE, ETC.						
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ADDO 41 for additional entries)						
INTEREST	NAME	DATE AND ADDRESS	REFERENCE	CERTIFICATE REQUIRED	BY STREET & ITEM NUMBER	
ADDITIONAL INSURED					LOCATION: BUILDING	
LOAN PAYEE					VEHICLE: BOAT	
MORTGAGEE					CONTROLLED ITEM NUMBER:	
LESSOR/LESSEE					OTHER:	
EMPLOYEE AS LESSOR						
ITEM DESCRIPTION						
GENERAL INFORMATION						
EXPLAIN ALL "YES" RESPONSES (For all part or process operations)	YES NO	EXPLAIN ALL "YES" RESPONSES (For all part or process operations)	YES NO			
1. ARE THERE ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	X	10. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	X			
2. ANY EXPOSURE TO RADIOACTIVE MATERIALS?	X	11. ANY BIOLOGICAL EXPOSURE CONTEMPLATED?	X			
3. DOING PART, PORTION, OR DISCONTINUED OPERATIONS TO YOUR OWNERS?	X	12. HAVE APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN YOUR VENTURES?	X			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?	X	13. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	X			
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	X	14. IS THERE A LABOR INTEREST WITH ANY OTHER BUSINESSES OR INDUSTRIES?	X			
6. ANY FACILITIES, BLDG, OR EQUIPMENT RENTED OR LOANED?	X	15. ARE ANY CASE INCIDENTS OPERATED OR CONTROLLED?	X			
7. ANY FACILITIES DISCONTINUED?	X	16. HAVE ANY CASES CONSIDERED OR BEEN ATTEMPTED TO WORK THROUGH WITHIN THE LAST THREE YEARS?	X			
8. IF A FEE CHARGED FOR RENTING?	X	17. IS THERE A FORMAL WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	X			
9. RECREATION FACILITIES PROVIDED?	X	18. DOES THE BUSINESS PROMOTIONAL LITERATURE IN THE ANY REFERENCE TO THE SAFETY OR SECURITY OF THE PREMISES?	X			
10. IS THERE A SWIMMING POOL ON THE PREMISES?	X					
11. SPORTING OR SOCIAL EVENTS SPONSORED?	X					
REMARKS						
ACCORD 136-B (1/87)						
ATTACH TO APPLICANT INFORMATION SECTION						

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FROM : 11/17/2004 12:56 FAX 7182365217
 to: 10/20/04 Time: 6:40 AM
 Page: 008-

FPX NO. :

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0007/010

To: B.R. VITAL BROKERS INC 61/15-236-6117



CONTRACTOR SUPPLEMENTAL APPLICATION

NOTE: Complete in Addition To Award Application. Applications Incomplete or unsigned by the applicant are unacceptable.

APPLICANT INFORMATION

1. NAME (FIRST NAMED INSURED AND OTHER NAMED INSURED):

FOOTLIGHT CONSTRUCTION, INC

2. IF INSURED HAS EVER WORKED UNDER A DIFFERENT NAME(S), LIST ALL HERE:

3. NUMBER OF YEARS IN THIS BUSINESS?

5+

4. STATES INSURED OPERATES IN AND IS LICENSED IN?

NY

5. FRANCHISE/STAFFING:

TOTAL RECEIPTS \$

COST OF SUB-CONTRACTORS

OF OWNERS **1**

OWNER PAYROLL \$

OF EMPLOYEES

EMP. PAYROLL \$

6. DESCRIBE TYPE OF WORK INSURED SPECIALIZES IN:

General/Handyman, Residential Carpentry, Painting

7. DESCRIBE ALL OTHER TYPE OF WORK INSURED PERFORMS OR HAS PERFORMED AND TYPICAL CUSTOMER:

8. CONTRACTOR LICENSE NUMBER(S) AND NAME(S) ON LICENSE(S):

9. DOES INSURED HOLD ANY OTHER LICENSE(S)? YES ☐ NO ☒ IF YES, DESCRIBE

10. DESCRIBE INSURED'S CURRENT/COMPLETED LARGEST PROJECTS, ANTICIPATED COMPLETION DATE AND LOCATION (CITY/STATE) OF THE SITE:

A) _____
 B) _____
 C) _____
 D) _____
 E) _____

11. WHAT PERCENT OF YOUR REVENUES HAVE BEEN DERIVED FROM YOUR OPERATION AS A:

A. General Contractor ☒ VERSUS ☐ Other or Sub-Contractor **100** % (Total = 100%)

12. PERCENT OF CONSTRUCTION WORK PERFORMED BY INSURED (Total = 100% for each section a, b, & c)
 A. NEW CONSTRUCTION **100** %
 B. COMMERCIAL ☐ %
 C. INSIDE BUILDING **100** %
 REMODELING ☐ %
 OUTSIDE BUILDING ☐ %
 OTHER ☐ %

13. CLASSIFICATION OF OPERATIONS (PAYROLL / SUB-COSTS)

Class	Employee Payroll	Sub-Contractor Costs	Class	Employee Payroll	Sub-Contractor Costs
Advertising Sign Co. - Customers	5	5	Heating / AC Install Repair - No DPG	5	5
A/C Systems Install & Repair (R1411)	5	5	Insulation	5	5
Appliances Install, Svc, Repair - Home	5	5	Interior (no paint or drywall or plaster)	5	5
Appliances Install, Svc, Repair - Comm	5	5	Painting - Interior < 3 stories	5	5
Cable / Subscription TV Connections	5	5	Painting - Interior	5	5
Carpentry - Residential < 3 stories	5	5	Paperhanging - Wallpapering	5	5
Carpentry - Interior / Finish	5	5	Plumbing - Residential	5	5
Carpentry - NOC	5	5	Plumbing - Commercial	5	5
Ceiling or Vinyl Installation - Metal	5	5	Roofing - Residential	5	5
Chimney Cleaning / Inspection	5	5	Roofing - Commercial	5	5
Concrete Construction	5	5	Shed / Tent Systems Cleaning	5	5
Decorative Painting - Car or job No. 100	5	5	Septic Tank Systems - Install / Repair	5	5
Dev. Work - Commercial - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100	5	5	Shower Cleaning	5	5
Drywall or Wallboard Installation	5	5	Grass Mow Work - Outside < 3 stories	5	5
Electrical Appliance Install, Service	5	5	Glazing Installation	5	5
Electrical Work - Commercial	5	5	Sign Painting or Lettering Inside Signs	5	5
Fence Erection - No Electrical	5	5	Sign Painting or Lettering On Buildings	5	5
Floor Covering Install - No Tile / Stone	5	5	Ten. Alarm, Monitor - Interior	5	5
Glass Dealer & Cleaning < 3 stories	5	5	Other	5	5
Handyman - Residential	5	5	Other	5	5

Below listing does not include all classifications that require the BG-C-07. Please refer to individual classification Rule Page to verify the requirement for the supplemental application.

14. INDICATE THE PERCENT OF WORK INSURED PERFORMS BASED ON TOTAL OPERATIONS OF ANY OF THE FOLLOWING:

BG-C-07 (03/04)

Page 1 of 2

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FROM : 11/16/2004 12:57 FAX 7182365217
 to: 10/28/04 Time: 8:40 AM

FRX NO. :

Nov. 15 2004 03:35PM PB

To: B.N. VITAL BROKERAGE & M1710-288-6217

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Page: 000-

AIRPORTS	1%	FIRE SUPPRESSION	1%	STONING/UNDERPINNING	1%
ASBESTOS REMOVAL	1%	GARHWATER MAINS	1%	STEEL	1%
BLASTING	1%	GRADING	1%	STEEL (ORNAMENTAL)	1%
BRIDGE CONSTRUCTION	1%	LANDFILL	1%	STEVEDORING	1%
BOILING	1%	LEAD PAINT REMOVAL	1%	STREET/ROAD	1%
BOILER INSPECTION	1%	MAINTENANCE	1%	SUB AQUASOLS	1%
BUILD - RAISING OR MOVING	1%	MASONRY	1%	SUBWAYS	1%
COFFERDAM OR CASSON WORK	1%	MISCELLANEOUS	1%	SUPERVISORY ONLY	1%
CANISTER/SERVICES	1%	MUNICIPALITY WORK	1%	TUNNELS	1%
DEMOLITION	1%	PIER OR WHARF CONSTRUCTION	1%	WATERPROOFING	1%
DILLING	1%	PIPELINE	1%	WRAPPING	1%
GIS OR RELATED WORK	1%	PLASTERING	1%	OTHER (DESCRIBE BELOW)	1%
EXCAVATION	1%	POLLUTION ABATEMENT	1%		
EQUIPMENT RENTAL TO OTHERS	1%	RAILWAY	1%		

10. SUB-CONTRACTORS

A. ARE SUB-CONTRACTORS USED? IF YES, WHAT OPERATIONS ARE SUB-CONTRACTED? <u>PAINTING</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	F. ARE CERTIFICATES OF INSURANCE OBTAINED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
B. ARE THERE WRITTEN CONTRACTS BETWEEN THE INSURED AND SUB-CONTRACTORS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		H. WHAT LIMITS ARE REQUIRED? \$ <u>1,000,000</u> COIL OCCURRENCE \$ <u>1,000,000</u> GEN. AGGREGATE \$ <u>1,000,000</u> P.C.O.P.S. AGG.
D. DO THESE CONTRACTS INCLUDE INDEMNIFICATION AND HOLD HARMLESS AGREEMENTS THAT PROTECT THE INSURED? YES <input type="checkbox"/> NO <input type="checkbox"/>		

10. OPERATIONS / EQUIPMENT

A. TRACT HOUSING / CONDO / TOWNHOUSE (1) HAS THE RISK EVER BEEN INVOLVED IN THE NEW CONSTRUCTION OF TRACT HOUSING, APARTMENT BUILDINGS, CONDOMINIUMS OR TOWNHOUSES? IF YES WHAT PERCENTAGE OF REVENUE? <u>1%</u> (2) HAVE YOU PERFORMED ORIGINAL FRAMING, WINDOW OR DOOR INSTALLATION WORK ON ANY CONDOMINIUMS, TOWNHOUSES OR TRACT HOMES? (3) WHAT PERCENTAGE OF YOUR OVERALL GROSS RECEIPTS HAS BEEN DERIVED FROM WORK ON NEW CONSTRUCTION FOR CONDO, APARTMENT, TOWNHOUSES OR TRACT HOMES? <u>1%</u>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
B. DOES OR DID THE RISK EVER USE SYNTHETIC STUCCO OR EIFS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
C. HAVE YOU EVER BEEN INVOLVED IN OR ARE YOU AWARE OF PENDING LITIGATION CONCERNING DEFECTIVE WORKMANSHIP? IF YES PLEASE DESCRIBE: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
D. SCAFFOLDING: DOES INSURED USE ANY TYPE OF SCAFFOLDING OR LIFT? (If Yes, please complete 1-4 below) (1) IS SCAFFOLDING OWNED? <input type="checkbox"/> RENTED? <input type="checkbox"/> LEASED? <input type="checkbox"/> (2) IS THE SCAFFOLDING LEFT ON THE JOB-SITE FOR USE BY OTHERS? (3) DOES INSURED USE ANY OF THE FOLLOWING EQUIPMENT? (CHECK ALL THAT APPLY) SCISSOR LIFTS <input type="checkbox"/> AERIAL LIFTS <input type="checkbox"/> ARTICULATING BOOM LIFTS <input type="checkbox"/> CRANES <input type="checkbox"/> CHERRY PICKERS <input type="checkbox"/> MAXIMUM HEIGHT WORKED _____	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
E. HAVE YOU OR YOUR SUBS PERFORMED WORK OVER 2 STORIES. IF YES DESCRIBE: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
F. LIST NUMBER AND TYPE OF HEAVY EQUIPMENT USED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
G. WHAT EQUIPMENT DOES INSURED RENT/LEASE? IF YES, HOW OFTEN AND WHAT TYPE OF EQUIPMENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Applicant warrants and agrees that the above answers and all attachments are in all respects true and shall be deemed material and are made in reliance on the Company's policy, that the Company will rely on the same when issuing a policy, and that all pertinent information has been fully disclosed. The applicant understands that submission of this information creates no obligation on the part of the Company to provide insurance either on the basis requested or on any other basis.		
DATE COMPLETED <u>11/15/04</u> SIGNED BY APPLICANT <u>[Signature]</u> TITLE <u>President</u>		

11/28/2005 01:13 PM

Green Mountain Agency, Inc.
P.O. Box 828
Rutland, VT 05702
(800) 451-4279

November 22, 2005

ATLANTIC CASUALTY INS CO
C/O STRICKLAND INS GROUP
PO BOX 8010
GOLDSBORO NC 27533

Named insured: FORTHRIGHT CONSTRUCTION
Agent/Broker Name: BR VITAL BROKERAGE INC
Policy Number: L036001737
Line of Business: CGL
Policy Period: from 11-24-05 to 11-24-06

DEAR UNDERWRITING:

FOR YOUR RECORDS, ENCLOSED PLEASE FIND THE POLICY FOR THE ABOVE
CAPTIONED INSURED.
WE ARE ATTACHING THE FOLLOWING:

(X) RATING WORKSHEET	(X) APPLICATION
(X) SUPPLEMENTAL APPLICATION:	CONTRACTORS
(X) INSPECTION ORDERED	() INSPECTION ATTACHED
() MVRS ORDERED	() MVRS ATTACHED
() UM SELECTION FORM	() LOSS RUNS ORDERED
() LOSS RUNS ATTACHED	
() SCHEDULE RATING WORKSHEET	
(X) OTHER: TRIA REJECTION	

SINCERELY,

JIM OAKE, X33
LJT

11/28/2005 01:13 PM


**Atlantic Casualty
Insurance Company**

COMMON POLICY DECLARATIONS

Policy Number L036001737L036001127

Renewal of Number

Item 1. Named Insured and Mailing Address:

FORTHRIGHT CONSTRUCTION INC.

2240 MCDONALD AVENUE
BROOKLYN

NY 11223

Item 2. Policy Period From: 11/24/2005 To: 11/24/2006 Term 365 Day(s)

12:01 A. M. Standard Time at the address of the Named Insured as stated herein

Item 3. Business Description:

DRYWALL INSTALL, CARPENTRY

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Form No and Edition Date	Premium
Commercial General Liability Coverage Part		\$ 3,443.00
Property Coverage Part		\$
Inland Marine Coverage Part		\$
Terrorism Coverage Part		\$
Subtotal		\$ 3,443.00
SURPLUS LINES TAX		\$ 123.95
		\$
		\$
		\$
		\$
Total		\$ 3,566.95

Audit Period Annual. ~~Unless otherwise stated~~
~~OF THE INSURANCE DEPARTMENT~~
~~Pertaining to Policy Forms~~

Item 4. Forms and endorsements applicable to all Coverage Parts:
See Schedule of Forms and Endorsements

Agent No.: 036

General Agent: Green Mountain Agency Inc.

Address: P.O. Box 828
Rutland

VT 05702

Producer Code No.:

Producer Name: BR VITAL BROKERAGE INC.

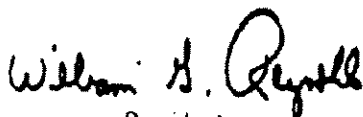
Producer Address: 75-01 15TH AVENUE
BROOKLYN

NY 11228

Countersigned 11/22/2005 JO/LT
DATEBy 
COUNTERSIGNATURE

THIS COMMON POLICY DECLARATIONS AND THE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE ABOVE NUMBER POLICY.

IN WITNESS WHEREOF, the Company has caused the Policy to be signed by its President and its Secretary and countersigned by a duly authorized representative.


President


Secretary

ACD 04-03

COMPANY

11/28/2005 01:13 PM

GL RATING WORKSHEET

FORTHRIGHT CONSTRUCTION NY TERR 1 ATLANTIC CASUALTY EFF. 11/24/05
 1 MILL/ 2 MILL LIMITS

CLASS CODE	PREMIUM BASIS	RATE		PREMIUM	
		PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
92338	10	110.310	9.530	1103	95
91340	10	197.860	17.840	1979	178
91583	7	5.290	7.204	38	50
				0	0
				0	0
				0	0
				0	0
			Total =	\$3,443	

015, 035 051, CG0300 (\$250 PD DED PER CLAIM)

11/28/2005 01:13 PM

11/22/2005 12:03 FAX 7182365217

0009

ACORD COMMERCIAL INSURANCE APPLICATION				DATE	
APPLICANT INFORMATION SECTION				OP ID OR 11/21/05	
PRODUCER	PHONE (AC, No, Ext): 718-236-5201	CARRIER	NAIC CODE:	UNDERWRITER	
	FAX 718-236-5217	Atlantic Casualty Ins Co			
Policies or Program Requested					
BR Vital Brokerage, Inc. 7501 15th Avenue Brooklyn NY 11228		INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER	
CORP ID		PROPERTY		INSTALLATION/BUILDERS RISK	
SUB CODE:		CLASS AND EIGN		ELECTRONIC DATA PROC	
AGENCY CUSTOMER ID		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY	
FORTH-1		CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO	
		TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKER/MOTOR CARRIER	
				GARAGE AND DEALERS	
				VEHICLE SCHEDULE	
				BOILER & MACHINERY	
				WORKERS COMPENSATION	
				UMBRELLA	
STATUS OF SUBMISSION					
PACKAGE POLICY INFORMATION					
<input checked="" type="checkbox"/> QUOTE		<input type="checkbox"/> ISSUE POLICY		ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES OR FOR MONOLINE POLICIES.	
BOLDED (Give Date and/or Attach Copy):		PROPOSED EFF DATE		PROPOSED EXP DATE	
DATE		TIME		BILLING PLAN	
AM		PM		DIRECT BILL	
11/24/05		11/24/06		<input checked="" type="checkbox"/> AGENCY BILL	
AUDIT					
APPLICANT INFORMATION					
NAME (First Name, Last Name & Other Name (Insured))		FIRM OR SOC (If C or S)		MAILING ADDRESS (Mailing ZIP-4 (if First Name Insured))	
Forthright Construction Inc		Firm		2240 McDonald Avenue	
FAX (AC, No, Ext):		Firm		Brooklyn NY 11223	
INDIVIDUAL		<input checked="" type="checkbox"/> CORPORATION		CREDIT BUREAU ID NUMBER	
PARTNERSHIP		JOINT VENTURE		YEAR BUS STARTED	
INSPECTION CONTACT		ACCOUNTING RECORDS CONTACT		PHONE (AC, No, Ext):	
Rina					
PREMISES INFORMATION					
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP-4	CITY LIMITS	INTEREST	YR BUILT
		Various	INSIDE	OWNER	
			OUTSIDE	TENANT	
			INSIDE	OWNER	
			OUTSIDE	TENANT	
			INSIDE	OWNER	
			OUTSIDE	TENANT	
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)					
Construction					
GENERAL INFORMATION					
EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES	
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			<input checked="" type="checkbox"/>	7. ANY FAVORABLE OR UNFAVORABLE RELATIONS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR RESISTANCE TO MARRIAGE?	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			<input checked="" type="checkbox"/>	8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY CRIME OF THE CRIME OF ARSON? (If AL, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			<input checked="" type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	
4. ANY CATASTROPHE EXPOSURE?			<input checked="" type="checkbox"/>	10. ANY BANKRUPTCY, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			<input checked="" type="checkbox"/>		
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NONRENEWED DURING THE PRIOR 2 YEARS? (NOT APPLICABLE IN MD)			<input checked="" type="checkbox"/>		
REMARKS					
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES (NOT APPLICABLE IN CO, HI, NE, OH, OK OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)					
APPLICANT'S SIGNATURE		PRODUCER'S SIGNATURE		ACORD CORPORATION 1993	
ACORD 125 (7/95)		PLEASE COMPLETE REVERSE SIDE			

11/28/2005 01:13 PM

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0010

PRIOR CARRIER INFORMATION

FORTH-1

LINE	CATEGORY	MONET													
GENERAL LIABILITY	CARRIER	Atlantic Casual													
	POLICY NUMBER	L036001127													
	POLICY TYPE		CLASS	MODE	X	COVERAGE	CLASS	MODE	COVERAGE	CLASS	MODE	COVERAGE	CLASS	MODE	COVERAGE
	RETRO DATE														
	EFF-EXP DATE	11/24/04	11/24/05												
	GENERAL AGGREGATE	2,000,000													
	PRODUCTS COMPTIS AGGREGATE														
	PERSONAL & ADV INJ														
	EACH OCCURRENCE	1,000,000													
	FIRE DAMAGE														
	MEDICAL EXPENSE														
	BODILY INJURY	OCCURRENCE													
		AGGREGATE													
	PROPERTY DAMAGE	OCCURRENCE													
		AGGREGATE													
AUTOMOBILITY	COMBINED SINGLE LIMIT														
	MODIFICATION FACTOR														
	TOTAL PREMIUM														
	CARRIER														
	POLICY NUMBER														
	POLICY TYPE														
	EFF-EXP DATE														
PROPERTY	COMBINED SINGLE LIMIT														
	BODILY INJURY	EA PERSON													
		EA ACCIDENT													
	PROPERTY DAMAGE														
	MODIFICATION FACTOR														
PROPERTY	TOTAL PREMIUM														
	CARRIER														
	POLICY NUMBER														
	POLICY TYPE														
	EFF-EXP DATE														
PROPERTY	BUILDING	AMT													
	PERS PROP	AMT													
	MODIFICATION FACTOR														
	TOTAL PREMIUM														
	CARRIER														
PROPERTY	POLICY NUMBER														
	POLICY TYPE														
	EFF-EXP DATE														
	LIMIT														
	MODIFICATION FACTOR														
PROPERTY	TOTAL PREMIUM														

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FACT AND WHETHER OR NOT RESOLVED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 8 YEARS (8 YEARS IN IS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSE
						PAID
						CLOSE

REMARKS: NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

NOTICE OF INSURANCE INFORMATION PRACTICES: PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OR ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BUREAU FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ACORD 126 (7/18)

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11/28/2005 01:13 PM

11/22/2005 12:04 FAX 7182365217

011

ACORD COMMERCIAL GENERAL LIABILITY SECTION		DATE (MM/DD/YY) OF ID OR 11/21/05																																																																																																																	
PRODUCER PHONE (Area No., Ext.): 718-236-5201 FAX NO. (Ext.): BR Vital Brokerage, Inc. 7501 15th Avenue Brooklyn NY 11220		APPLICANT (Print Name) Forthright Construction Inc.																																																																																																																	
CODE: SUB CODE:		EFFECTIVE DATE 11/24/05 EXPIRATION DATE 11/24/06 DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL <input checked="" type="checkbox"/>																																																																																																																	
AGENCY CUSTOMER ID: FORTH-1		FOR COMPANY USE ONLY																																																																																																																	
COVERAGES <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE		LIMITS GENERAL AGGREGATE \$ 2,000,000 PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 1,000,000 PERSONAL & ADVERTISING INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MEDICAL EXPENSE (Any one person) \$ 5,000 EMPLOYEE BENEFITS \$																																																																																																																	
DEDUCTIBLES <input type="checkbox"/> PROPERTY DAMAGE \$ <input type="checkbox"/> BODILY INJURY \$		PREMIUM PREMIUMS OPERATIONS PRODUCTS OTHER TOTAL																																																																																																																	
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For landlord-owned auto coverages attach the Business Auto Section, ACORD 127)																																																																																																																			
SCHEDULE OF HAZARDS <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">LOCATION #</th> <th rowspan="2">CLASSIFICATION</th> <th rowspan="2">CLASS CODE</th> <th rowspan="2">PREMIUM BASIS</th> <th rowspan="2">YEAR</th> <th colspan="2">RATE</th> <th colspan="2">PREMIUM</th> </tr> <tr> <th>PREMIUMS</th> <th>PRODUCTS</th> <th>PREMIUMS</th> <th>PRODUCTS</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Dry wall/ Shiplap installation</td> <td></td> <td>P) \$10,000</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>Residential Carpentry</td> <td></td> <td>P) \$10,000</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>Subcontractor work</td> <td></td> <td>C) \$7,000</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	YEAR	RATE		PREMIUM		PREMIUMS	PRODUCTS	PREMIUMS	PRODUCTS	1	Dry wall/ Shiplap installation		P) \$10,000						1	Residential Carpentry		P) \$10,000						1	Subcontractor work		C) \$7,000																																																																													
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RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/AOM (T) OTHER (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT																																																																																																																			
CLAIMS MADE (Explain all "Yes" responses) 1. PROPOSED RETROACTIVE DATE 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV. 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?		EMPLOYEE BENEFITS 1. DEDUCTIBLE PER CLAIM: \$ 2. NUMBER OF EMPLOYEES: 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: 4. RETROACTIVE DATE:																																																																																																																	
REMARKS		REMARKS																																																																																																																	

ACORD 128-6 (1/87)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 199

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11/22/2005 12:04 FAX 7182365217

012

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)

YES NO

EXPLAIN ALL "YES" RESPONSES (For past or present operations)

FOUR-1

YES NO

1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS?

X

4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?

X

2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?

X

5. ARE SUBCONTRACTORS ALLOWED TO WORK TWO CENT OF INBT?

X

3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?

X

6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?

X

REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED

LEAD TO SUB-CONTRACTORS: 8000

SUB-CONTRACTED:

TIME STAFF: 1

TIME STAFF:

Painting

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TYPE IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
	80000					

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)

YES NO

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)

YES NO

1. DOES APPLICANT INSTALL SERVICE OR DEMONSTRATE PRODUCTS?

X

6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?

X

2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?

X

7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?

X

3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?

X

8. PRODUCTS UNDER LABEL OF OTHERS?

X

4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?

X

9. VENDORS COVERAGE REQUIRED?

X

5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?

X

10. DOES ANY NAMED INSURED BELONG TO OTHER NAMED INSURED?

X

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC

ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACORD 45 for additional names)

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE IN	CERTIFICATE REQUIRED	INTEREST OR ITEM NUMBER
ADDITIONAL INSURED					LOCATION:
LOSS PAYEE					BUILDING:
MORTGAGEE					VEHICLE:
LEASER					BOAT:
EMPLOYER AS LESSOR					SCHEDULED ITEM NUMBER:
					OTHER

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

YES NO

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

YES N.

1. ANY RECENTLY IDENTIFIED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?

X

12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?

X

2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?

X

13. ANY DEMOLITION EXPOSURE CONTEMPLATED?

X

3. DO HAVE PART, PRESENT OR DISCONTINUED OPERATIONS INVOLVED STORING, TREATING, PACKAGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIALS (e.g. solvents, wastes, fuel tanks, etc.)

X

14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?

X

4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?

X

15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?

X

5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?

X

16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?

X

6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?

X

17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?

X

7. ANY PARKING FACILITIES OWNED/RENTED?

X

18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?

X

8. IS A FEE CHARGED FOR PARKING?

X

19. IS THERE A FORMAL WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?

X

9. RECREATION FACILITIES PROVIDED?

X

20. DOES THE BUSINESS'S PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?

X

10. IS THERE A SWIMMING POOL ON THE PREMISES?

X

11. SPORTING OR SOCIAL EVENTS SPONSORED?

X

REMARKS

ACORD 126-S (1/97)

ATTACH TO APPLICANT INFORMATION SECTION

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11/28/2005 01:13 PM

11/22/2005 12:02 FAX 7182365217

005



CONTRACTOR SUPPLEMENTAL APPLICATION

NOTE: Complete in Addition To Accord Application. Applications incomplete or unsigned by the applicant are unacceptable.

1. NAME (FIRST NAMED INSURED AND OTHER NAMED INSURED(S)) Fortnight Construction INC * IF INSURED HAS EVER WORKED UNDER A DIFFERENT NAME(S), LIST ALL HERE:		2. WEB ADDRESS			
3. NUMBER OF YEARS IN THIS BUSINESS? 51	4. DESCRIBE TYPE OF WORK INSURED SPECIALIZES IN: Drywall/Wallboard Inst, residential carpentry, PAINTING				
5. STATES INSURED OPERATES IN AND IS LICENSED IN? New York	6. DESCRIBE ALL OTHER TYPE OF WORK INSURED PERFORMS OR HAS PERFORMED AND TYPICAL CUSTOMER: N/A				
7. CONTRACTOR LICENSE NUMBER(S) AND NAME(S) ON LICENSE(S):					
8. FINANCIALS / STAFFING: TOTAL RECEIPTS \$ 80,000 COST OF SUB-CONTRACTORS \$ # OF OWNERS 1 OWNER PAYROLL \$ # OF EMPLOYEES EMP. PAYROLL \$		9. DOES INSURED HOLD ANY OTHER LICENSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, DESCRIBE:			
10. DESCRIBE INSURED'S 5 CURRENT/COMPLETED LARGEST PROJECTS, ANTICIPATED COMPLETION DATE AND LOCATIONS (CITY/STATE) OF THE SITE: A) COFFEE CONTRACTING FROM NEW YORK 12/1/07 B) COFFEE CONTRACTING FROM NEW YORK 12/1/07 C) COFFEE CONTRACTING FROM NEW YORK 12/1/07 D) COFFEE CONTRACTING FROM NEW YORK 12/1/07 E) COFFEE CONTRACTING FROM NEW YORK 12/1/07					
11. WHAT PERCENT OF YOUR REVENUES HAVE BEEN DERIVED FROM YOUR OPERATION AS A: a. General Contractor % VERSUS b. Artisan or Sub-Contractor % (Total = 100%) 12. PERCENT OF CONSTRUCTION WORK PERFORMED BY INSURED (Total = 100% for each section a, b, & c) A. NEW CONSTRUCTION 100 % B. COMMERCIAL 100 % C. INSIDE BUILDING 100 % REMODELING % RESIDENTIAL % OUTSIDE BUILDING % OTHER %					
13. CLASSIFICATION OF OPERATIONS (PAYROLL / SUB-COSTS)					
Class	Employee Payroll	Sub-Contractor Costs	Class	Employee Payroll	Sub-Contractor Costs
Advertising Sign Co. - Outdoors	\$	\$	Heating / AC Install Repair - No LPG	\$	\$
AC System Install & Repair (81111)	\$	\$	Insulation	\$	\$
Appliance Install, Svc, Repair - Home	\$	\$	Masonry (no EIFS or Synthetic Stucco)	\$	\$
Appliance Install, Svc, Repair - Comm	\$	\$	Painting - Exterior < 3 Stories	\$	\$
Cable / Subscription TV Companies	\$	\$	Painting - Interior	\$	\$ 10,000
Carpentry - Residential < 3 stories	\$ 10,000	\$	Paperhanging - Wallpapering	\$	\$
Carpentry - Interior / Finish	\$	\$	Plumbing - Residential	\$	\$
Carpentry - NOC	\$	\$	Plumbing - Commercial	\$	\$
Ceiling or Wall Installation - Metal	\$	\$	Roofing - Residential	\$	\$
Chimney Cleaning / Inspection	\$	\$	Roofing - Commercial	\$	\$
Concrete Construction	\$	\$	Septic Tank Systems Cleaning	\$	\$
Debris Removal - Const. Site No Haz.	\$	\$	Septic Tank Systems - Install / Repair	\$	\$
Door, Window Installation	\$	\$	Sewer Clearing	\$	\$
Drywall or Wallboard Installation	\$ 10,000	\$	Sheet Metal Work - Outside < 3 Stories	\$	\$
Electrical Apparatus Install, Service	\$	\$	Siding Installation	\$	\$
Electrical Work Within Buildings	\$	\$	Sign Painting or Lettering (Inside Bldgs)	\$	\$
Fence Erection - No Electrified	\$	\$	Sign Painting or Lettering On Buildings	\$	\$
Floor Covering Install - No Tile / Stone	\$	\$	Tile, Stone, Marble - Interior	\$	\$
Glass Dealer & Glaziers < 3 Stories	\$	\$	Other:	\$	\$
Handyperson - Residential	\$	\$	Other:	\$	\$
* Above listing does not include all classifications that require the BG-C-07. Please refer to individual classification Rate Page to confirm the requirement for the supplemental application.					
14. INDICATE THE PERCENT OF WORK INSURED PERFORMS BASED ON TOTAL OPERATIONS OF ANY OF THE FOLLOWING:					

BG-C-07 (03/04)

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006

AIRPORTS	%	FIRE SUPPRESSION	%	SHORING/UNDERPINNING	%
ASBESTOS REMOVAL	%	GAS/WATER MAINS	%	STEEL	%
BLASTING	%	GRADING	%	STEEL (ORNAMENTAL)	%
BRIDGE CONSTRUCTION	%	LANDFILLS	%	STEVEDORING	%
BORING	%	LEAD PAINT REMOVAL	%	STREET/ROAD	%
BOILER INSPECTION	%	MAINTENANCE	%	SUB AQUEOUS	%
BLDG. - RAISING OR MOVING	%	MASONRY	%	SUBWAYS	%
COFFERDAM OR CAISSON WORK	%	MECHANICAL	%	SUPERVISORY ONLY	%
DAMS/RESERVOIRS	%	MUNICIPALITY WORK	%	TUNNELS	%
DEMOLITION	%	PIER OR WHARF CONSTRUCTION	%	WATERPROOFING	%
DRILLING	%	PIPELINE	%	WRAP-UPS	%
EIS OR RELATED WORK	%	PLASTERING	%	OTHER (DESCRIBE BELOW)	%
EXCAVATION	%	POLLUTION ABATEMENT	%		
EQUIPMENT RENTAL TO OTHERS	%	RAILWAY	%		

15. SUB-CONTRACTORS

A. ARE SUB-CONTRACTORS USED? IF YES, WHAT OPERATIONS ARE SUB-CONTRACTED? <i>PAINTING</i>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	F. ARE CERTIFICATES OF INSURANCE OBTAINED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
B. ARE THERE WRITTEN CONTRACTS BETWEEN THE INSURED AND SUB-CONTRACTORS?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	H. WHAT LIMITS ARE REQUIRED? \$ <u>1,000,000</u> CGL OCCURRENCE \$ <u>1,000,000</u> GEN. AGGREGATE \$ <u>1,000,000</u> P.-C. OPS AGG.	
D. DO THESE CONTRACTS INCLUDE INDEMNIFICATION AND HOLD HARMLESS AGREEMENTS THAT PROTECT THE INSURED?		YES <input type="checkbox"/> NO <input type="checkbox"/>		

16. OPERATIONS / EQUIPMENT

A. TRACT HOUSING / CONDO / TOWNHOUSE (1) HAS THE RISK EVER BEEN INVOLVED IN THE NEW CONSTRUCTION OF TRACT HOUSING, APARTMENT BUILDINGS, CONDOMINIUMS OR TOWNHOUSES? IF YES WHAT PERCENTAGE OF REVENUE: _____% (2) HAVE YOU PERFORMED ORIGINAL FRAMING, WINDOW OR DOOR INSTALLATION WORK ON ANY CONDOMINIUMS, TOWNHOUSES OR TRACT HOMES? (3) WHAT PERCENTAGE OF YOUR OVERALL GROSS RECEIPTS HAS BEEN DERIVED FROM WORK ON NEW CONSTRUCTION FOR CONDO, APARTMENT, TOWNHOUSES OR TRACT HOMES _____%		YES	NO
B. DOES OR DID THE RISK EVER USE SYNTHETIC STUCCO OR EIFS?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. HAVE YOU EVER BEEN INVOLVED IN OR ARE YOU AWARE OF PENDING LITIGATION CONCERNING DEFECTIVE WORKMANSHIP? IF YES PLEASE DESCRIBE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. SCAFFOLDING: DOES INSURED USE ANY TYPE OF SCAFFOLDING OR LIFTS? (If Yes, please complete 1-4 below) (1) IS SCAFFOLDING: OWNED? <input type="checkbox"/> RENTED? <input type="checkbox"/> LEASED? <input type="checkbox"/> (2) IS THE SCAFFOLDING LEFT ON THE JOB-SITE FOR USE BY OTHERS? (3) DOES INSURED USE ANY OF THE FOLLOWING EQUIPMENT? (CHECK ALL THAT APPLY) SCISSOR LIFTS <input type="checkbox"/> AERIAL LIFTS <input type="checkbox"/> ARTICULATING BOOM LIFTS <input type="checkbox"/> CRANES <input type="checkbox"/> CHERRY PICKERS <input type="checkbox"/> MAXIMUM HEIGHT WORKED _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. HAVE YOU OR YOUR SUBS PERFORMED WORK OVER 2 STORIES. IF YES DESCRIBE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>
F. LIST NUMBER AND TYPE OF HEAVY EQUIPMENT USED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>
G. WHAT EQUIPMENT DOES INSURED RENT/LEASE? IF YES, HOW OFTEN AND WHAT TYPE OF EQUIPMENT?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Applicant warrants and agrees that the above answers and all attachments are in all respects true and shall be deemed material and are made to induce the Company to issue a policy, that the Company will rely on the same when issuing a policy, and that all pertinent information has been fully disclosed. The applicant understands that submission of this information creates no obligation on the part of the Company to provide insurance either on the basis requested or on any other basis.		DATE COMPLETED <u>11/24/2005</u> SIGNED BY APPLICANT <i>[Signature]</i> TITLE <u>President</u>	
Producer Signature/Date:			